

TUITION WAIVER FOR FOSTER AND ADOPTED FOR CHILDREN

SECTION 1 — APPLICANT INFORMATION

Full Name <i>(please print)</i>			
Street	City	State	Zip Code
Telephone Number	Date of Birth	Social Security Number	
Foster or Adoptive Parents' Full Names			
Date of high school graduation or GED Certificate			
Date of anticipated entry to institution			

Student requests waiver under the following conditions (check all that apply):

- ☐ Is currently committed and placed in foster care by the Cabinet for Families and Children.
☐ Is in an Independent Living Program funded by the Cabinet for Families and Children.
☐ Was in the permanent legal custody of the Cabinet for Families and Children prior to being adopted.
☐ Was in the legal custody of the Cabinet for Families and Children on his or her eighteenth (18th) birthday.
☐ The family received state-funded adoption subsidy.

Has applicant previously applied and received a Tuition Waiver for Foster and Adopted Children?
_____ Yes _____ No If "Yes", when? _____

Release of this information shall not constitute a breach of confidentiality required by KRS 199.570 and 620.050. I agree to the release of the above-referenced information to the post-secondary institution.

☐ I agree to provide the Cabinet for Families and Children the date of my graduation.

Student or Guardian Signature _____

Date _____

SECTION 2 — PUBLIC POST-SECONDARY INSTITUTION REQUEST

I am requesting that the information in Section 1 be verified to determine the eligibility of the above named applicant.

Name of Institution _____	Address of Institution _____
Telephone Number _____	Date _____
Institution Contact Person _____ (Please print)	

SECTION 3 — TUITION WAIVER VERIFICATION

CABINET FOR FAMILIES AND CHILDREN

ATTN: Tuition Waiver Program
275 East Main Street Mail Drop 3 C-E
Frankfort, KY 40621
502-564-2147 or 800-232-5437
(FAX: 502-564-5995)

_____ **ELIGIBLE**

_____ **INELIGIBLE**

If ineligible, you have the right to appeal in accordance with 922 KAR 1:320.

Signature of authorized Cabinet staff _____

_____ Date

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

Section 1:

The student completes the student information section and Section 1 of the form.

Please include all information as follows:

- First, middle and last names;
- House number, street name, city, state and zip code;
- Phone number, including area code;
- Month, day and year of birth;
- Social Security number;
- Foster or adoptive father's full name, including middle name or initial and foster or adoptive mother's full name including maiden name;
- Indicate date of high school graduation or GED Certificate;
- Indicate date of anticipated entry into public post-secondary institution;
- Indicate whether student has previously applied for the waiver;
- Check the correct eligibility criteria box;
- Check box for release of information; and
- Sign and date the form.

After completion of the student information section and Section 1 of the form, turn the form in to the public post-secondary institution.

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for Families and Children.

- Verifies eligibility criteria. Marks the appropriate box;
- If the applicant meets the eligibility criteria, signs the form and mails it to the post-secondary institution within thirty (30) working days from the date of receipt from the requesting institution with a copy to the applicant;
- If the applicant does not meet the eligibility criteria and is found ineligible, returns a copy of the signed form to the post-secondary institution and applicant;
- Forwards to the applicant a copy of the DPP-154A, Notice of Intended Action and the DPP-154, Service Appeal Request.